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Abstract

Background and purpose: Compassion and human connection are core social work values and as such they inform our interventions in all settings. It is generally recognised that young people need love and positive attention to thrive, but residential care provision often focuses on the more practical physiological and safety needs of young people. This study uses a narrative synthesis of literature followed by an innovative methodology to gather the perspectives of young women who have experienced residential childcare. These have been analysed to investigate how the actions and attitudes of residential staff impact on the young people in their care.

Methods: A narrative synthesis of current literature was used as the basis of an in-depth qualitative study examining female adult care leavers' experience of the staff child relationship. The method of self-characterisation was chosen as an empowering and enjoyable way to gather the stories of young people. It was supported by semi-structured interviews to provide valuable insights into the unique experience of 5 members of a hard to reach population.

Findings: The review of literature identified the themes of trust, continuity and reciprocity as important aspects of relationships with staff. These were echoed in the research findings where young people appreciated sharing time and space, honest open communication and acceptance. Respondents recounted small acts of thoughtfulness by staff although at the time they may not have been in a position to fully appreciate this compassion. Young people differentiated between staff who were caring and those who were not. This article will discuss the value of compassion and consider the reasons why some staff can be perceived as emotionally distant.

Introduction

Children admitted to care have often experienced multiple traumatic events leading to disrupted attachments (Kendrick, 2005). This can be compounded by the trauma of entering the care system. Following a period of assessment,

the child may be placed with a foster family or within a residential children's home. Here, foster parents or staff, have the opportunity to build attachments with young people and to support them to develop trusting relationships with others. In many cases substitute care has the potential to provide a period of stability and support which might help young people to feel valued and experience the compassion of the adults around them. It is important that substitute care provides young people with a sense of psychological safety as this has been shown to be an important prerequisite to human growth and development (Wanless, 2016).

Unfortunately, a focus on managing young people's behaviour can overshadow the importance of positive relationships with staff, particularly in residential care. Despite the good intentions of staff, it is possible that young people can feel *managed* rather than *nurtured* (Furnivall, 2011). As long as 10 years ago one young person astutely critiqued corporate parenting as "Too much corporate and not enough parenting" (Department for Education and Skills, 2007 p.12). Some progress has been made in this area but there is a need for further research to advance the knowledge, skills and understanding of this important issue so that staff are better able to meet the emotional needs of young people in their care.

Literature review

A literature review was conducted to identify the impact that staff relational behaviours had on young people's experience of residential care. Three electronic databases: PsycINFO; Social Care Online (SCIE); Social Science Citation Index (SSCI in Web of Knowledge) were selected for their coverage of relevant publications. The search structure included the key concepts of 'staff' AND 'young person' AND 'residential' AND 'relationships' and was expanded using index terms to encompass all known terms. Included articles were limited to those published in English language and peer reviewed journals since the year 2000. Exclusion criteria eliminated articles that did not focus primarily on relationship factors and those where the main focus was on foster care. However, articles that explicitly examined relationship factors

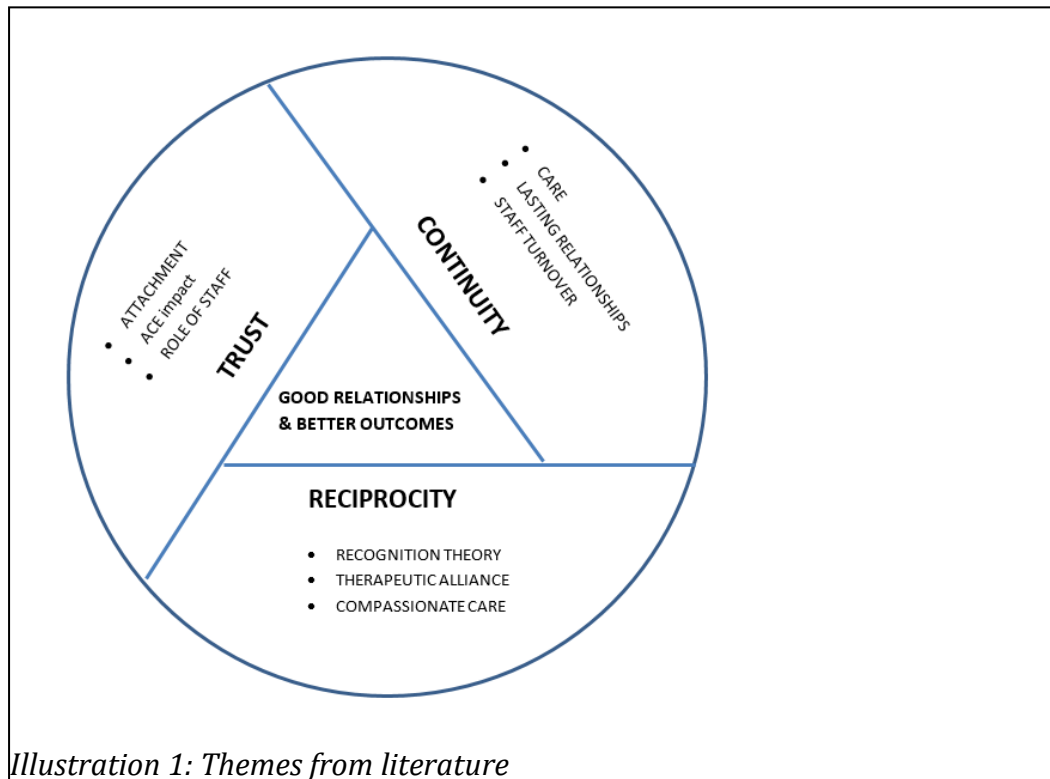
across a range of settings including residential care were included. Two hundred and thirty-one articles were identified through database and hand searching. Removal of duplicates and inappropriate material resulted in twelve articles. These were from UK (5), Sweden (2), Ireland (1), Netherlands (1), Spain (1), Canada (1) and the USA (1). As shown in Table 1 methodologies were primarily interviews with small samples of young people or staff although two quantitative studies (Harder et al 2013 and Rabley et al 2014) using standardised measures were included.

Table 1 Details of included studies

First Author, Date, Country	Design & Sample
Gallagher, 2012, UK	Semi-structured interviews with 16 former residents.
Gaskell, 2009, UK	Interviews with 10 care experienced young people in London.
Harder, 2013, Netherlands	Correlation analysis 135 adolescents in secure residential care using standardised measures
Henriksen, 2008, Sweden	Interviews with 23 girls and 23 boys placed in residential care
Holland, 2010, UK	Longitudinal study involving 8 young people who have experience of residential care
Holt, 2012, Ireland	Focus groups and interviews with young care leavers, keyworkers and after care workers.
McLeod, 2010, UK	Survey of 75 social workers followed by interviews with 11 young people and 11 social workers
Moses, 2000, USA	Part of an 8-month ethnographic exploration of staff-client relationships involving 25 child care workers
Rabley, 2014, Canada	Adolescent relationship scales questionnaire and semi-structured interview with 17 adolescents.
Ridley, 2013, UK	3-year study involving 169 interviews, surveys of social work staff and carers and analysis of care plans
Skoog, 2014, Sweden	Interviews with 12 children who had experienced placement breakdown.

Soldevila, 2013, Spain	Focus groups with 66 adolescents from 12 different centres in Catalonia
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The material was synthesised around key concepts of trust, reciprocity and continuity (Illustration 1)



Trust

Trust is a common factor discussed, to a greater or lesser degree, in all of the articles. Young people tended to describe a mistrust of adults and a number of studies considered how trust could be nurtured through consistent and reliable support. For all young people, not just those who are looked after, past experiences, bonds and attachments will directly affect the development of future relationships (Bowlby, 1969, Gerhardt, 2004). For this reason, the role of the caregiver for looked after young people is even more crucial in the reframing, or repairing, of poor attachments (Holt & Kirwan, 2012) and/or the creation of a “corrective emotional experience for young people” (Moses 2000, p. 474).

A survey of adolescents' relationships with non-parental caregivers in group home settings (Rabley, 2014) assessed young people's quality of 'attachment'. Attachment relates to an individual's ability to form strong interpersonal bonds and research has shown that the quality of the child-carer relationship is key to understanding children's physical and mental health. Attachment research has contributed to the understanding of how children and adults survive, grow and adapt throughout the life course (Bowlby, 19969, Howe et al. 1999). Rabley (2014) used standardised measures to assess young people's level of attachment and open-ended questions relating to their relationships with staff members. All of those deemed to have secure attachment reported that they trusted most or all staff. Of those in the insecurely attached group, 10% reported to trust most or all staff. The demographics of the participants in both groups was not dissimilar, however, those who had developed secure attachment patterns were able to identify other trusted people in their lives and held a more positive view of others in relationships. This theme was echoed by Moses (2000) who found that staff who were trauma aware/informed and intervened in a compassionate manner could assist young people in redeveloping attachment patterns. However,

participants in the study stated that organisational procedures could create barriers to relationship building.

Included articles suggested that organisational factors sometimes limited the perceived level of care and support (Gaskell, 2010). Perceptions of staff attitudes and interaction played a key part in the development of trust. One study of attitudes toward key staff members categorised three types of interaction. Negative Personal Involvement (NPI) by the staff member was deemed to be unhelpful and damaging. Instrumental Personal Involvement resulted in a more accepting yet superficial view of the role of staff while Positive Personal Involvement (PPI) created greater emotional depth, trust and reciprocity (Henriksen, 2008). Similarly, many respondents in Gallagher's (2012) study stated that they had benefited from the relationships with staff who they could trust. This has an impact on their ability to form positive relationships with others inside and outside the home.

There was a common theme relating to young people's expectations of staff attitudes. Young people wanted their social worker to respect them as a person, to be honest with them and to be reliable (McLeod, 2010). These concepts help to nurture trust and develop relationships and are argued to be consistent with core social work values. Focus groups and individual interviews were employed by Holt & Kirwan (2012) to develop a case study of care leavers, keyworkers and after care workers experience. Young people who had experienced previous abusive relationships found this a barrier to trusting their keyworker. Gender was identified as important as young women preferred to have female keyworkers to support them during puberty. Many of the included articles reflected on the important, but challenging, aspect of 'human connection' between staff and young people. There was recognition of the need to promote "optimum professional proximity" (Soldevila, 2013). This emphasised emotional involvement between young people and social workers rather than professional distance. Similarly, in McLeod (2010) young people believed that social workers should share some biographical information with them in a bid to develop trusting relationships. Some adolescents expressed

mistrust in their social worker because they made written records of shared information. Similarly, staff described a dilemma between promoting trust and sharing sensitive information with other professionals (Gallagher, 2012).

Reciprocity

The social psychological concept of reciprocity has been shown to be an important factor in the development of relationships between young people and the staff who care for them. This was central in Henriksen's (2008) study where young people spoke favourably about staff whose reciprocal relationships were characterised by empathy, engagement and a joint approach to treatment planning. Staff felt that that a therapeutic relationship or alliance needed to be individualised to the needs of the child though there were a number of barriers in achieving this. These included a staff perception that they were not skilled enough to be "the expert" in providing care to the residents or to take control of the situation (Moses, 2000).

The concept of reciprocity is highlighted in terms of friendship in McLeod (2010) where young people appreciated staff sharing their own personal information. The concept of recognition has been used to describe this mutual process consisting of positive regard or love, legal rights and esteem (Ridley et al. 2013).

Ridley et al (2013) noted that while love is a term rarely used in social work, positive emotional involvement between social workers and service users is essential. Holt & Kirwan (2012) link positive outcomes to reciprocal relationships involving greater autonomy and inclusion in the decision making. Shared mutual interest and emotional involvement were also identified by Soldevila (2013), Rabley et al. (2014) Harder et al. (2012) and Holland (2010).

Continuity

The continuity of staff in a young person's life has been shown to be central to relationship building (McLeod, 2010). Efforts to promote practitioner continuity in some English authorities have had some success with 75% of looked after

young people having the same practitioner over 12 months compared to 25% in one comparison site (Ridley, 2013). Frequent placement changes disrupt opportunities to establish relationships and high staff turnover can reduce young people's sense of belonging. Skoog (2014) discussed the sense of disconnection caused by placement breakdown and frequent moves. This dislocation meant that the young people not only had to contend with a change of environment but also a change in carers, schools and friends. This argument was supported by Gaskell (2009), who stated that "frequent moves between care placements can be very destabilising both practically and emotionally" (p144). When young people experience multiple placements the opportunity to establish and develop trusting relationships is reduced. Rabley et al. (2014) found that young people struggled to adjust to new settings or tolerate inconsistencies in the home.

Continuing contact with staff members was important to the former residents in Gallagher's (2012) study with many of them still in touch with each other after an average of 5.9 years. Remaining connected to the people and the place where they lived was found to be important to care leavers (Holt & Kirwan, 2012) - "leaving care, what does that mean? You don't say leaving home, you just say moving out" (p.386).

Henriksen's (2008) research highlights further barriers to continuity such as frequent turnover of staff. The residents had frequent changes of key worker and were unable to have the opportunity to form a therapeutic alliance with their staff. This assertion was again backed up by Gaskell's (2009) research where a young man reported, "I had about six or seven (social workers). Some I only had for a few weeks" (p.144). Whilst a perception exists that young people are passive recipients of "care", Holland (2010) notes in her study, that they are engaged in interdependent relationships. These young people showed care and concern to younger siblings and in some cases birth parents and grandparents. Young people in Holland's study valued care that

was prolonged, kind, fair and reliable. In addition, young people felt caring staff were willing to advocate on their behalf.

The existing literature suggests common themes from studies in a range of settings and countries. However there is a limit to current research relating specifically to the perceptions of young people's views of the impact of staff relations in residential child care. There is therefore a need for a further in-depth qualitative exploration of the experiences of this hard to access population.

Aim

The aim of the study was to gather first-hand accounts from young people to explore how the actions, attitudes and behaviours of residential care staff impacted on their experience.

Methodology

This study was conducted in one Northern Ireland residential facility where the first author was employed. Up to 8 young people aged 14 to 18 lived together with support from residential staff. The site was chosen as it had a relatively settled group of residents, and there was potential for staff engagement and relational practice.

Ethical considerations

Given the sensitive nature of the subject and the needs of the potential respondent group, steps were introduced to ensure their wellbeing. A senior member of staff, who was independent of the research team, contacted all eligible young people to explain the study. Young people were made aware that participation was entirely voluntary. Those who expressed an interest were followed up by the researcher who explained the study and gained consent. Protocols for distress, risk and the potential disclosure of unprofessional behaviour relating to staff were developed. An independent review of the ethical considerations was undertaken by the Ulster University

and research governance permission for a service evaluation was provided by the local Health and Social Care Trust.

Sample and procedure

Inclusion and exclusion criteria for the study were identified. The target population were young people (18 years +) who had left the residential unit since 2010 having spent at least 6 months living there. In practice current contact details were not available for all young people. Those who had stayed less than six months and those currently serving a custodial sentence were excluded from the target group. The research team were aware that some care leavers might be experiencing significant physical or mental health issues, but this potential exclusion factor was not required for the identified cohort. During this period there were no male residents and the total potential cohort was 20 females over the age of 18. Interviews were planned at locations convenient for the young people.

Data collection method

The researcher met with each young person individually and facilitated the completion of a self-characterisation. The process took approximately two hours. Self-characterisation was developed by George Kelly (1955) within his Personal Construct Theory (PCT). The central philosophical assumption underlying this theory is that "all our present interpretations of the universe are subject to revision or replacement" (Kelly, 1955, p.15). So, for example, Kelly's view would be that social workers are attempting to interpret service users' difficulties through their own preferred theoretical viewpoint which may not necessarily align with the service user's own perception of his or her situation. The idea that there is perhaps no "right" or "wrong" in interpreting individual circumstance is refreshing particularly in terms of social work practice. As Winter (2013) states:

"How much more productive some of our interchanges with our colleagues and clients might be if we adopted the stance that we are employing alternative constructions of our subject matter rather than that one of us is incorrect." (p.4)

Personal Construct Theory, therefore, is an explanation as to how people make sense of themselves and the world around them. According to Kelly all of us are scientists who hold our own personal ideas and philosophies about the world. On the basis of these theories we, like the professional scientist, “develop hypotheses, test them out, revise them, and develop our theories to make sense of our experiences” (Beail, 1985, p.1). Our behaviour becomes the experiment. We come to understand the world by creating a personally organised system of interpretation, or constructs, of experienced events. The system is “personal” because we interpret our own experiences through our uniquely constructed construct structure. Burr et al. (2014) argue that PCT methods satisfy key requirements of qualitative research such as “the capacity to provide in-depth insight into personal experience, to establish a democratic relationship between researcher and participants and to represent the participant’s voice” (p. 341).

In this study the participants were encouraged to complete a self-characterisation based on their own experience of the residential unit. The instructions were:

I want you to write about [young person’s name] and her experience of [name of children’s home] just as if she were a character in a play or a TV soap opera. Write it as it might be written by a friend who is very understanding and sympathetic. Write it in the third person – she not I.

Method of analysis

Personal construct theory allows the researcher and the participant to analyse the meaning of the core constructs during the conversation. Young people were encouraged to reflect on their written or verbal accounts. One to one interviews were completed with the participants to further explore their self-characterisation. Particular note was made of constructs relating to the young person’s experiences of the staff-child relationship. Following the self-characterisation and interview stage, the researcher reviewed the written

responses and exploration of concepts within the laddering and pyramid phase of PCT. Laddering consists of asking the question "why?" a particular construct is important to someone to explore the meaning of their basic values to discover the more profound core beliefs. Pyramiding asks questions such as "what kind of person is.....?" designed to reach more concrete, including the more practical, surface behaviours associated with a construct therefore building up a deeper understanding.

During the interviews the agreed constructs were collected in written form. A list of recurring themes was then generated from this data across all participants' responses. One of the supervisors participated in this process to promote reflection and reduce potential bias. The research question focussing on the experience of the staff-child relationship was central to the analysis. The participants did talk about other aspects of their time in care, however, for the purposes of this study the data relating to relationships will be discussed. Connections between themes were established and consideration given to how different themes or sub-themes fit together.

Findings

Five young women engaged in the in-depth interviews. Their stay in the residential unit had lasted between 6 months and 2 years and it had been between 1 and 5 years since they left. They ranged in age from 18 to 24 years and at the time of interview 4 out the 5 had children of their own. Living arrangements included supported living, housing executive, private rental, hostel or with family members.

The total number of potential participants identified was 20. Ten of those contacted by the Deputy Team Leader of the home were willing to participate. Some respondents expressed a desire to participate but found it difficult to attend the planned interviews. Eventually 5 women completed the self-characterisation and interview.

The self-characterisation technique developed by Kelly (1995), outlined in the methods section earlier, gave the participants the opportunity to write about themselves in a safe way with no 'right' or 'wrong' answer, minimising the risk of them wanting to please the researcher. All of the participants were keen to write down their short story using this technique and the respondents had no difficulty understanding the instructions. The written material formed the basis of the interview where young people were prompted to reflect on the key concepts presented. The personal construct method was supplemented by four semi-structured questions. Participants enjoyed the experience of writing about themselves in the third person and felt this was a useful way to get their points across. They wanted their stories to be told in full to the management of the home outside of this study as Julie said *"no one has ever asked me about my time there before now"*.

Thematic analysis (Braun & Clarke, 2006) helped in the development of constructs relating to *time and space*, *honesty*, and *acceptance*. Personal Construct Theory considers both positive and negative aspects to each theme as summarised in Table 2. These are discussed in more depth below.

Table 2 Summary of constructs

Staff spent time	Vs.	Rarely saw staff
Honesty	Vs.	Nasty piece of work
Staff recognised we were alright.	Vs.	Not wee bitches
Staff scared	Vs.	Staff relaxed

Sharing time and space

The participants' expectation of the staff-child relationship was similar to that of a parent-child relationship. Their responses highlighted fond memories of trips away, spending time together, learning from each other and continuing the relationship into the future. The participants appreciated staff who shared common interests including fishing, going to the gym and cooking. The

sharing of these experiences gave a basis from which to build a relationship. Spending time was noted by all participants as a way to develop a trusting and reciprocal relationship with the staff in the home. This was differentiated from activities that avoided staff-child contact. Bi-polar constructs were elicited such as "Spending time vs. Rarely saw staff"; "Spending time one to one vs. Didn't say 'I'm in the office'"; Spend time vs. Not just paperwork". Although the bigger trips away with staff were memorable, the participants enjoyed the small everyday things that staff did to build the relationship including making cups of tea, watching TV, going out for drives, doing nails and shopping. Staff were described as providing direction, "*positive role models, showing us what way to behave*" (Isabella) and support "*they helped me prepare for the big bad world*" (Charlotte). One participant recounted phoning the staff even after she had left the unit because she was worried about a mouse in her house. Night staff visited her home to assist. Some young people experienced their first holiday during their stay in residential care.

"Trip away with staff. Just me and 2 staff, loved that. Big shopping centre spending clothing money" (Isabella).

Interestingly, the participant who had spent the least amount of time in the home found the staff friendly on admission and connected with them instantly. She elaborated that the positive relationship with staff was down to them spending time getting to know her and "*didn't say 'I'm in the office'*".

Furthermore, she recommended that "*staff need to be relaxed around young people, spend time and have a laugh, not just paperwork*" (Charlotte). Young people recognised some staff were avoiding contact and some respondents linked this to fearfulness "Some staff tiptoe around kids... scared of kids" (Julie). Surprisingly the actual word trust appeared in only one of the participant's self-characterisations. However, there were examples that link 'spending time' to the development of safe and trusting relationships. Building trust is a challenge when past experiences have taught young people that adults cannot be trusted. Being honest and keeping appropriate information confidential was important with participants describing how they knew that they could trust staff.

Honesty. Open communication

The participants were able to recall times of openness, *"She started getting on with staff when she was taken to a wee house in the country. She started talking to staff and giving them a chance"* (Sharon). This demonstrates that the participants were willing and able to start building a trusting relationship with staff who were perceived as honest *"they got to know you, didn't beat around the bush, were honest"* (Charlotte). Honesty was linked to staff's ability to take young people seriously, *"take things seriously, wouldn't laugh it off"* (Julie). One young woman differentiated the open and honest communication with residential staff from that of other professionals who she found frustrating:

"Social Services left her in the dark as to when and where she would be moving, it was the home's staff who fought her corner and helped at meetings" (Charlotte).

Furthermore, it was the home's staff that helped her when she moved into a new flat.

"When it came to her moving on the homes staff helped her with her move and were still supportive of her and her child and kept in contact" (Charlotte).

This young woman perceived staff as caring because they helped her with practical tasks including painting her bedroom in her new house, helping her to settle in and maintaining the link.

"When I moved out I had withdrawal symptoms. I was able to phone in when I couldn't sleep. They would call and see me. They have kept in contact still now". (Charlotte). Other participants were able to identify characteristics of staff that lent themselves towards easily establishing interpersonal relationships. These included staff that were relaxed, used humour, found fun things to do or talk about yet were able to take things seriously when needed and believed them.

Acceptance. Non-judgemental and anti-oppressive practice

The acceptance and support available for Julie in the home helped establish this longer-term relationship which she did not experience in previous placements.

"She settled into the flat provided in the home and began to work with the staff on improving her life and using the support provided by the staff" (Julie).

For another participant, the acceptance she felt and interactions with staff were positive from the outset.

"She felt welcomed into the home and was greatly supported by the staff team which made her feel more at ease and positive. She loved the new environment and instantly gelled with staff members. They always helped and supported her when she needed it" (Charlotte).

She went on to explain how she knew that they cared by helping with practical tasks including *"ironing and washing"* and *"taking her out for a drive when head was melted"*. She identified that spending time with staff helped to develop the relationship further *"they took time to get to know me, making cups of tea"* (Charlotte).

For another participant the relationship with staff took more time to develop.

This participant had experienced multiple carers and placements prior to admission to the home. *"When she started talking to staff she had a good relationship with her key and co-worker and she started to like the staff"* (Isabella) she knew that she *"got along"* with staff when they used to *"talk, find things out, do stuff together"* and that her attitude towards the staff members changed to a more positive one (Isabella).

All 5 of the participants were able to say, on reflection, that they can see now, as adults, what staff were trying to do when they lived in the home. Each of the participants were able to recognise that the staff members intentions were to accept, support and care for the young people while living in the home.

"She wishes she had used the support she received more and had taken staffs advice sooner" (Julie).

"Looking back, it was a good idea to go to school" (Isabella). The ability to identify now what staff were trying to do during her time in the home was outlined by one participant. *"She thought they (staff) were her worst enemy*

but realises now that they cared" they showed this by "checking on her, staff kept talking and asking about her" (Anna).

Staff were seen as instrumental in building, repairing and maintaining relationships with the young people they cared for. The participants identified many roles that the staff members played during their time in the home. They were described as a "parent", "counsellor" and "teacher", sharing skills in cooking and cleaning. *"In the flat (within the home) washing, budgeting, spending, shopping, recipes, ingredients, learning about food, how to work appliances. Now I do my own washing and cooking, and it helps me in my own flat" (Julie).*

It is evident that with age, stage and development these care experienced participants were willing and able to engage in interpersonal relationships with staff in the home and were later able to appreciate the benefit of these relationships. One participant welcomed the staff supporting her in some basic tasks by being shown what to do, *"Staff who were mummies would show me things I didn't have a clue about. In the old home I couldn't even butter toast, staff in the home showed me" (Charlotte).*

Fear

Many of the young people described factors that inhibited staff's ability to show compassion. They distinguished those who seemed comfortable and relaxed in the group home setting from those who were deemed to be anxious, *"Some staff tip-toe around Kids. Scared of kids" (Julie).* This atmosphere of anxiety impacted on the previously discussed factors. Young people recognised that fearful staff struggled to connect with young people often preferring to avoid shared spaces and experience, *"Staff need to be relaxed around young people" (Charlotte).*

Discussion

Young people engaged in the personal construct theory exercises and processes with enthusiasm and were able to provide clear messages about the impact that staff relations had on their care. Themes echoed those in the literature review, but the primary themes were 'shared time', 'honesty' and 'acceptance'. Young people were not asked about barriers to relational work, but the theme of staff reluctance to engage was often identified.

The key findings of the study echo the themes of Trust, Reciprocity and Continuity identified in the literature review. The young women who participated in this study interpreted specific staff behaviours as caring and they valued these small acts of human connection. Sharing positive experiences with staff helped to develop trust which helped young people recalibrate their understanding of interpersonal relationships. Gallagher (2012) found that the young people's ability to form relationships outside the home was dependent on establishing such trusting relationships with staff within the home. Even though the participants had experienced disrupted continuity in terms of carers and placements they wanted to maintain relationships with some staff members who they had the strongest connection with. Moore et al. (2018) describe this continuing contact as "hanging on" and it was shown to be important to the participants in both the Henriksen (2008) and Skoogs (2014) studies. There is a responsibility for staff to ensure that the young people's best interests are at the centre of all interactions with them. The influence of staff within the home cannot be minimised. They often have a time limited opportunity to engage or re-engage with these young people to help them develop safe and trusting relationships.

There is value in hearing these participants' voices as to how significant the individual, interpersonal and structural levels of relationships are to them. Although the actual word *trust* was used by only one of the participants, all described interactions that related to the theme. The participants recognised the importance of spending time with staff members who were honest and fun and enjoyed the benefits of interpersonal relationships that lasted beyond their time in the home. Moore et al. (2018) found that young people distinguished between those who talked about caring and those that demonstrated their care in practice. The focus for staff in the home is often the day to day management and it would be valuable to provide more opportunities for simply spending time with the young people in their care. The challenge for staff is to move beyond practical care to 'connectedness'.

This is well articulated by Helen Johnston (2018) who stresses the need for love rather than protection.

“...but the one thing they failed to offer me was the emotional side, emotional security, emotional protection, emotional care — and as such, it’s something that I, like all people, have craved in my life.”

(p.75)

There was a clear message that spending time was not wasting time and staff should be supported to create more opportunities inside and outside of the home to develop relationships with the young people.

Young people did not always perceive staff as eager to engage in a caring relationship. They noticed when staff were “too busy” or “in the office”. One young woman suggested that this might be the result of staff anxiety. Lee et al. (2011) and Cottam (2018) have applied Menzies Lyth’s (1960) concept of professional remoteness to the social work setting suggesting that staff anxiety about young people’s behaviour can limit practitioners’ ability to form positive relationships.

There is growing recognition that practitioner or organisational anxiety can lead to fear-based “defensive practice” resulting in either risk averse practice or avoidance (Vyey et al. 2014, Whittaker & Havard, 2016, Brown et al., 2018).

Limitations

This study is based upon in-depth interviews with five young adults. This response rate was lower than expected. Every effort was made to facilitate participation but many of the potential respondents had disengaged with support services and some were struggling to manage in the community. Young people who have left care are often reluctant to discuss their experience particularly if these continue to be painful. It is possible that the self-characterisation task acted as a disincentive although this was not essential, and a range of supports were offered.

It should be recognised that the response rate might result in respondent bias and the views of the available sample may not represent all young people who lived in the unit or the broader residential care population. Despite these issues the stories of these young people have validity in their own worth and the depth of material collected provides a valuable insight into the experience of young people in residential care.

Conclusion

A narrative synthesis of literature relating to relational aspects of residential child care identified that the broad themes of trust, reciprocity and continuity are crucially important to and valued by young people. Interviews with young women who have experienced care have developed our understanding of this dynamic. Establishing trust with others can be difficult but not impossible for many young people due to the impact of early (traumatic) childhood experiences. Residential child care is a challenging undertaking that requires skilled and supported practitioners. Consideration needs to be given to time, resources and caseloads, in order to maintain continuity which has a major impact on the young people's ability to form meaningful and lasting relationships. Some young people's experience of care has been less than favourable where structural, interpersonal and individual barriers exist. Where these barriers have been overcome young people reported positive trusting, reciprocal relationships with staff that lasted beyond their time in care.

Looked after young people, like their peers, feel, need and want human interaction. The findings from this study show that the participants favour spending time with staff that they share common interests with and from whom they can learn new skills. Spending time with the young people is not wasting time. All of the participants recognised that by spending time with staff they were afforded the opportunity to develop relationships. Building trust and sharing space with young people is a specialist skill and more attention needs to be focused on equipping residential child care staff for their role. Trauma informed models of practice (e.g. Bloom, 2003) and skills training like PACE - Playfulness, Acceptance, Curiosity and Empathy (Hughes, 2004) could assist staff to better understand and support the young people in their care.

The research project did not intend to explore factors that might inhibit positive relationships, but the theme of staff fear was evident throughout the findings. Young people noticed how staff anxiety reduced their ability to show compassion or build relationships. Young people provided examples of professional remoteness and avoidance describing how this reinforced a climate of anxiety. The significance of fear to workplace culture has been recognised in the broader world of child protection. Littlechild (2008) describes how “social workers construct their own realities and attributions within their work, which lead to actions which are not always foreseen by policy-makers and higher-level managers” (p. 671). The link between staff resilience and their ability to show compassion needs to be better understood as it seems central to the wellbeing and outcomes of both young people and staff. In particular, consideration needs to be given to the implications for staff recruitment, supervision and team development.

Residential child care staff are generally highly committed and hardworking but there is a growing recognition that the current system of residential care is struggling to meet the needs of young people. Risk-averse approaches to the management of young people are not an effective way to address trauma and distress. Staff find themselves in conflict with young people rather than supporting them and this is unhelpful for both parties. When staff morale drops there is the potential for increased sick leave and staff turnover which compounds the issues. The Scottish government has recognised the importance of “connection and belonging” (Scottish Government, 2013 p.23) for young people in the care system and are considering how relational practices can be promoted (McGhee, 2017). Supporting young people to feel that they belong and are valued is a key challenge for the care system.

Johnston (2018) suggests that it could be life changing:

“Knowing I was loved saved my life and gave me strength to fight the trauma I had experienced. Those words offer me comfort and still to this day give me strength in my toughest moments.” (Johnston, 2018: 75)

Personal construct theory provided a useful methodology that enabled young people to tell the story of their relationship with staff while living in the home. The participants enjoyed this method as it was the first time that anyone had asked them about their time in the home and their interactions with staff. Spending time with staff in the home and outings to local attractions or further afield was appreciated by all of the participants. They found that their relationships with particular staff members developed over time and lasted into their adult lives.

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